

CLAIMS ONLY

Application Number

161-799845

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			/			
2			/			
3			/			
4			/			
5			/			
6			/			
7			/			
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Total Indep			4			
Total Depend			18			
Total Claims			22			

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Depend						
Total Claims						